



Signature Atreya K. Nandan

No. of Claims After Amendment	Most Claims Previously Paid			Extra Claims			Additional Fee		
A. Total Claims	12	-	20		0	x	\$18		0.00
B. Ind. Claims	2	-	3		0	x	\$78		0.00
C. If amended to contain multiple dependent claims, add 260							\$260		\$0.00
Total Additional Fee (D minus E)									0.00
F. Total Amendment Fee (D minus F)									

Atty Dkt No. 9000-0030.10

USSN: 09/234,733

PATENT

DEC 15 1994

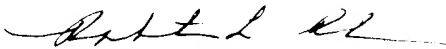
X A check for \$ 55 to cover the extension of time fee is attached.

       Charge \$ to Deposit Account No. 18-1648.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: 12/8/94

By:   
Roberta L. Robins  
Registration No. 33,208  
Attorney for Applicants

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